



**CITY OF ASHEVILLE
and
ASHEVILLE REGIONAL HOUSING CONSORTIUM**

**HOME Investment Partnerships Program
and
Community Development Block Grant Program**

APPLICATION & PRE-APPLICATION FOR

**NON-CONSTRUCTION
PROJECT FUNDING**

**for grant year starting
July 1, 2010**

**Application workshop:
Friday, December 11, 2009, 10:00 a.m. to 12:00 noon
City of Asheville 6th floor Training Room**

GENERAL NON-CONSTRUCTION APPLICATION INSTRUCTIONS

Which Form?

This form is to apply for CDBG, HOME, or ADDI funds for **non-construction projects**. This includes:

- ✍ Social services (CDBG only)
- ✍ Housing services (CDBG only)
- ✍ Tenant Based Rent Assistance (HOME only)
- ✍ Down-payment assistance (CDBG, HOME, or ADDI)
- ✍ Economic development such as job training and small business assistance (CDBG only)
- ✍ Planning (CDBG or HOME)

There is a separate form for construction projects: that is, projects involving the acquisition or improvement of real property, including housing construction and rehabilitation programs. Down-payment assistance to homebuyers is counted as non-construction and so are emergency (minor) repair programs. Call CD staff if in doubt which form to use.

CDBG or HOME?

This is not a simple question, since the programs do overlap.

- ✍ CDBG funds can be used for a wide variety of non-construction programs, but must be used within the City of Asheville.
 - ✍ HOME and ADDI funds may be used anywhere in the Consortium (Buncombe, Henderson, Madison and Transylvania Counties)
 - ✍ The only non-construction uses eligible for HOME funding are Tenant Based Rental Assistance, down-payment assistance to homebuyers and pre-development loans for CHDO's.
 - ✍ ADDI funding can be used only for downpayment assistance. We do not anticipate that ADDI funding will be available this year.
-

Eligible Applicants

HOME or ADDI applicants must be :

- ✍ Consortium member governments; or
- ✍ Non-profit agencies, housing authorities or for-profit entities applying through a member government (outside Asheville: contact your member government for additional application requirements); or
- ✍ Community Housing Development Organizations (CHDOs)

CDBG applicants must be :

- ✍ Non-profit agencies with a primary purpose to provide housing, human services, public facilities or economic development services within the City of Asheville.
- ✍ City of Asheville departments providing public facilities or infrastructure primarily serving low-income persons

“Non-profit” means having a 501(c)(3) tax exempt status from the IRS, and registered with the North Carolina Secretary of State’s Office.

All applicants must demonstrate a track record of continuous, active, and relevant operation for at least two years.

Income Eligibility

In general, projects must benefit persons with household income below 80% of median income adjusted for family size (see table on page V).

Grant Period

The funding period starts July 1, 2010. Costs incurred before that date cannot be reimbursed. For CDBG applications, eligible expenses as included in the agency’s final budget may be reimbursed back to the CDBG program’s July 1st starting date. However, HOME funds may not be reimbursed for any expenses as specified in the agency’s final budget until an executed agreement has been provided to the agency. An executed agreement is an agreement that has been signed and notarized by all parties. In most cases, you should plan to expend all funds by June 30, 2011.

**Special
Conditions**

Please note that total funding to support social service programs is limited to 15% of the total CDBG allocation from HUD. The City receives many applications for these funds and competition for this funding is extremely high.

**Invalid
Applications**

Applications may be rejected without evaluation for the following reasons:

- ✍ Program not clearly eligible according to CDBG/HOME regulations.
- ✍ Applicant has demonstrated poor past performance in carrying out CDBG- or HOME-funded programs, or complying with federal regulations.
- ✍ Applicant fails to provide audited financial statements or other required information.
- ✍ Applications that do not follow the fillable format with required attachments.
- ✍ **Applications NOT submitted electronically by the 5:00 p.m. deadline on Friday, February 5, 2010.**

**Project
Evaluation &
Funds
Allocation**

Applications will be evaluated by staff and assigned scores according to criteria based on the priorities in the 5-year Consolidated Strategic Plan, the feasibility of the project, and the capacity of the agency to carry it out. These scores will be used as a guide in allocating funds, but will not be the sole factor in determining whether a program will be funded or how much funding it will receive.

**Project
Evaluation &
Funds
Allocation**

After this initial evaluation, CDBG applications will be reviewed by the City of Asheville's Housing and Community Development Committee and HOME applications by the Asheville Regional Housing Consortium Board. These bodies will present their allocation recommendations to the Asheville City Council in the form of a Consolidated Action Plan for the CDBG and HOME programs. In addition, the City will seek citizen input on the Plan through public hearings and written comments. The schedule is on the next page.

**Final
Application
Notes**

Applicants should understand that this is a competitive application process for limited funding. There will be applications for projects that satisfy many of the evaluation criteria but are not funded.

Successful applications may be funded for less than the amount requested. Reductions to available funding can also occur based on an unanticipated Congressional reduction to all federal agency budgets by a set percentage during the City's annual allocation process. This has occasionally required that the City reduce the total available CDBG funds amount prior to grant awards, which then results in reduced allocations to CDBG subrecipients.

Schedule for 2010-11 Annual Action Plan Process

2009

| Date | Action |
|-------------|--|
| November 22 | Advertise public meeting |
| December 10 | Public meeting – Asheville CDBG and Consortium HOME applications available |
| December 11 | Training for CDBG and HOME applicants on revisions to applications, 10:00 a.m.-12:00 p.m. Application process begins |

2010

| Date | Action |
|---------------------------|---|
| February 5 | CDBG and HOME applications due by 5:00 p.m. |
| February 7 – March 3 | Staff review of applications |
| February 16 - February 20 | CDBG applications submitted to HCD Committee for review prior to applicant interviews |
| February 16 – February 20 | HOME applications submitted to Regional Consortium Board for review prior to applicant interviews |
| March 10 – March 24 | Schedule and complete HCD Committee interviews of CDBG applicants |
| March 10 – March 24 | Schedule and complete Consortium Board interviews of HOME applicants |

2010 - Continued

| Date | Action |
|-------------|--|
| March 28 | 2009-10 Action Plan draft completed |
| March 28 | Publication of Action Plan draft for public comment |
| April 5 | Staff report due to city clerk for adoption of 2009-10 Action Plan |
| April 13 | Asheville City Council sets public hearing for Action Plan draft |
| April 27 | Deadline for citizen comments on Action Plan draft |
| May 11 | Asheville City Council approves Annual Action Plan |
| May 18 | City submits Action Plan to HUD |

Income Limits For Extremely Low, Very Low, and Low Income Households
(Based on HUD data on area median family income for FY 2009.
We expect to receive revised limits for 2010 early next year)

| County | Category | % AMI | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
|---|-------------------------|--------|----------|----------|----------|----------|----------|----------|----------|----------|
| Buncombe, Henderson & Madison (incl. City of Asheville) | Extremely Low Income | <30% | \$11,700 | \$13,350 | \$15,050 | \$16,700 | \$18,050 | \$19,350 | \$20,700 | \$22,050 |
| | Very Low Income | 31-50% | \$19,500 | \$22,300 | \$25,050 | \$27,850 | \$30,100 | \$32,300 | \$34,550 | \$36,750 |
| | Low Income | 51-80% | \$31,200 | \$35,650 | \$40,100 | \$44,550 | \$48,100 | \$51,700 | \$55,250 | \$58,800 |

AMI = Area Median Family Income

| County | Category | % AMI | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
|--------------|-------------------------|--------|----------|----------|----------|----------|----------|----------|----------|----------|
| Transylvania | Extremely Low Income | <30% | \$11,650 | \$13,300 | \$15,000 | \$16,650 | \$18,000 | \$19,300 | \$20,650 | \$22,000 |
| | Very Low Income | 31-50% | \$19,450 | \$22,200 | \$25,000 | \$27,750 | \$29,950 | \$32,200 | \$34,400 | \$36,650 |
| | Low Income | 51-80% | \$31,100 | \$35,500 | \$39,950 | \$44,400 | \$47,950 | \$51,500 | \$55,050 | \$58,600 |

Client Income eligibility: HOME- and CDBG-assisted programs must serve low income clients (less than 80% of AMI). For HOME rental programs lower income limits apply. For all HOME programs and for CDBG programs providing direct financial benefits, **all** clients must meet income eligibility limits. For other CDBG programs at least 51% of clients must meet income limits. Certain categories of CDBG clients e.g. the homeless, may be presumed to meet income limits. If you are not sure about your program's eligibility, please call CD staff.

Client Income Tracking: As well as ensuring client eligibility, HUD requires us to report the numbers of clients served in each of the three income groups listed above.

DETAILED APPLICATION INSTRUCTIONS

Please read all questions and instructions carefully

- ? Applications must be submitted electronically. Email your application narrative and non-budget attachments in either MS Word or .pdf format to: communitydevelopmentapplications@ashevillenc.gov. All Budget Attachments should be submitted in MS excel format. All applications must be submitted by 5 pm on **Friday February 5, 2010**. **You will receive a confirmation email when your application is received.**
- ? **Please complete each question directly in the electronic application.** The application form can be accessed from the City website at http://www.ashevillenc.gov/residents/housing/affordable_housing/default.aspx?id=1580
- ? **Application has been set with character limitations. Please do not use attachments to expand on your answers, only include attachments that are required.**
- ? Do not include a cover letter or the instruction pages.
- ? The required attachments listed in the application should be attached separately to your email.
- ? Additional documentation, photographs and maps may be placed immediately behind the page they refer to. All pages of your application including insertions should be numbered consecutively.
- ? You may be requested to furnish paper copies of your application at your own expense.

Important Note

Staff in the City's Community Development Division will answer questions **until close of business Friday, February 5, 2010** via email or through pre-scheduled technical assistance meetings.

All questions concerning the application and any technical assistance requests should be emailed to communitydevelopmentapplications@ashevillenc.gov. All inquiries and responses through email and technical assistance meetings will be posted on the CDBG or HOME webpage in a "Question and Answer" format so as to provide information consistently and equitably to all applicants. Please check the CDBG and HOME web pages frequently for updates to questions and answers during the application cycle.

CDBG web page:

http://www.ashevillenc.gov/residents/housing/affordable_housing/default.aspx?id=1580

HOME web page:

http://www.ashevillenc.gov/residents/housing/affordable_housing/default.aspx?id=1582

CHECKLIST OF DOCUMENTATION INCLUDED WITH THIS APPLICATION:
(Check each box)

Your application must include following sections in the order listed:

- ☐ Section I: Applicant Information
- ☐ Section II: Program Description
- ☐ Section III. Program Budget
- ☐ Agency Management
- ☐ Disclosure of Potential Conflicts of Interest

REQUIRED ATTACHMENTS

Please provide one copy of each of the following documents, unless they are already on file with the City (check with Community Development staff if you are not sure): 259-5721

- ☐ An **organizational chart**. Highlight staff who will be responsible for this project
- ☐ **By-Laws, Articles of Incorporation, and 501c(3) determination letter**
- ☐ A copy of your most recent **audited financial statement**, including the management letter, if one was issued.
- ☐ A copy of your most recent available **financial statements**.
- ☐ A complete list of the members of your current **Board of Directors**. Include addresses, phone numbers, and relevant affiliation.

This is an application for: ☐ **CDBG** ☐ **HOME** ☐ **HOME-ADDI**
(Check only one box)

2

SECTION II PROGRAM DESCRIPTION

II.A. Program Title :

II.B. Program Location(s) (be as specific as possible):

II.C. Type of Activity (check one):

- | | |
|---|---|
| <input type="checkbox"/> Human Services | <input type="checkbox"/> Housing Services related to HOME-assisted projects |
| <input type="checkbox"/> Job training | <input type="checkbox"/> Small Business Assistance |
| <input type="checkbox"/> Tenant-Based Rent Assistance | <input type="checkbox"/> Homebuyer down payment assistance |
| <input type="checkbox"/> Other (Specify) | |

II.D. Program Justification

| | | |
|---|---|---|
| 1. | What is the purpose of the program (one sentence) | 400 |
| 2. | What unmet need or market does the program address? | 400 |
| 3. | How do you know that the need or market exists? What objective data exists to justify your statement of client need? | 1000 |
| If applying for Public Service funding please answer the next two questions: | | |
| 4. | Has this program been funded by the State or the City of Asheville (non CDBG or HOME) in the past 12 months? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. | If yes, how will CDBG or HOME funding enable the program to provide new or expanded services? | 600 |

II.E. Program Design

| | | | | | | | | | | | | |
|-------------------------|--|--|----------------|---------------------------|----|----|----|----|----|----|----|----|
| 1. | What qualifies your agency to operate the proposed program? | 1000 | | | | | | | | | | |
| 2. | What capacity does your agency have to implement the proposed program? | 600 | | | | | | | | | | |
| 3. | What other agencies in the community provide complementary or similar services? | 600 | | | | | | | | | | |
| 4. | How will you ensure collaboration and minimize duplication of services? | 1000 | | | | | | | | | | |
| 5. | What other programs in your agency will support the same clients? | 1000 | | | | | | | | | | |
| 6. | What staff positions will support the program, and what is their experience or, if you will hire staff, what are the needed qualifications? (Please include all staff positions that will support the program) | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Staff Position</td> <td style="width: 50%;">Experience/Qualifications</td> </tr> <tr> <td>a.</td> <td>a.</td> </tr> <tr> <td>b.</td> <td>b.</td> </tr> <tr> <td>c.</td> <td>c.</td> </tr> <tr> <td>d.</td> <td>d.</td> </tr> </table> | Staff Position | Experience/Qualifications | a. | a. | b. | b. | c. | c. | d. | d. |
| Staff Position | Experience/Qualifications | | | | | | | | | | | |
| a. | a. | | | | | | | | | | | |
| b. | b. | | | | | | | | | | | |
| c. | c. | | | | | | | | | | | |
| d. | d. | | | | | | | | | | | |
| (Question 6, continued) | | | | | | | | | | | | |

| | e. Staff Position | e. Experience/Qualifications |
|---|--|---------------------------------|
| | f. | f. |
| | g. | g. |
| | h. | h. |
| | i. | i. |
| | j. | j. |
| | k. | k. |
| | l. | l. |
| 7. To what extent to you rely on volunteers to staff your program? | 600 | |
| 8. Who is eligible for this program? How will you determine client eligibility? | 600 | |
| 9. How will potential clients learn about your program? | 600 | |
| 10. What is the application process for clients? | 600 | |
| 11. What specific assistance will be available to eligible clients? | 600 | |
| 12. What will be your requirements for program participation? | 600 | |
| 13. If your agency has operated this program in the past, please describe the program's success or challenges | 1000 | |
| 14. How many people or households were served by the program? See Tables 2a and 2b for guidance on counting households or people. <i>(use this number for Table 2 – actual)</i> | FY 2008-2009 People: OR Households: FY 2009-2010(projected): People: OR Households: | |
| 15. How many persons or households will be served? See Tables 2a and 2b for guidance on counting households or people. <i>(use this number for Table 2- Target Total)</i> | FY 2010-2011 People: OR Households: | |
| 16. What outcomes do you expect clients to obtain from this program? | Outcome A: 400 Outcome B: 400 Outcome C: 400 | |
| 17. How many people/households will achieve each outcome? See Tables 2a & 2b for guidance on counting households or people. | Number achieving Outcome A: People: OR Households: Number achieving Outcome B: People: OR Households: Number achieving Outcome C: | |

| | |
|--|-------------------------------|
| | People: OR Households: |
| 18. How will you measure these outcomes? | 1000 |
| 19. Is there anything else about the program design or implementation that is important to know? | 1000 |

II.F. Timetable

Please complete the following to identify the key implementing steps and target dates. Add rows as needed.

Key Implementing Steps and Target Dates

| Action | Start date | Target date for completion |
|--------|------------|----------------------------|
| 200 | / / | / / |
| 200 | / / | / / |
| 200 | / / | / / |
| 200 | / / | / / |
| 200 | / / | / / |
| 200 | / / | / / |
| 200 | / / | / / |
| 200 | / / | / / |
| 200 | / / | / / |
| 200 | / / | / / |
| 200 | / / | / / |

II.G. Asheville CDBG Housing Services applicants only. If you are applying for a CDBG Housing Services grant to assist with the staff and overhead costs of producing HOME-assisted units, please complete the following table.

Table 1: HOME-Eligible Production Underway or Planned in City of Asheville

| Project Name | Expected Number of HOME-eligible units in City of Asheville ONLY | | | Unit type: Single Family (SF) or Multi-Family (MF) | Expected completion date | Amount project receives in CDBG project delivery or HOME-funded developer fees |
|----------------------------|--|-------|-------------------------|--|--------------------------|--|
| | New Constr. | Rehab | Down-payment assistance | | | |
| | | | | <input type="checkbox"/> SF <input type="checkbox"/> MF | / / | \$ |
| | | | | <input type="checkbox"/> SF <input type="checkbox"/> MF | / / | \$ |
| | | | | <input type="checkbox"/> SF <input type="checkbox"/> MF | / / | \$ |
| | | | | <input type="checkbox"/> SF <input type="checkbox"/> MF | / / | \$ |
| Unduplicated Total: | | | | | | \$ |

II.H. Program Targets

1. **Client Demographics**. Please show numbers of clients, **not percentages**, in each category. Current income limits are on page VIII of the general instructions. For CDBG Applications, numbers should reflect Asheville residents only.
 - a. Totals must match people/households listed in II.E, questions 14 & 15
 - b. For existing programs, the total must be consistent with data you submitted for the CAPER.

Table 2a: Client Demographics– PERSONS

Use if applying for:

- ? Social services (CDBG)
- ? Housing services (CDBG)
- ? Economic development such as job training and small business assistance (CDBG)
- ? Planning (CDBG or HOME)

| Number of Persons by Income Group | | | | | |
|-----------------------------------|----------------|------------------|------------------|----------------|-------|
| Year | <30% of median | 31-50% of median | 51-80% of median | >80% of median | Total |
| 2008/2009 (actual) | | | | | |
| 2009/2010 (as now projected) | | | | | |
| 2010/2011 (target) | | | | | |

Table 2b: Client Demographics– HOUSEHOLDS

Use if applying for:

- ? Tenant Based Rent Assistance (HOME)
- ? Down-payment assistance (CDBG, HOME, or ADDI)

| Number of <u>Households</u> Served, by Income Group | | | | | |
|---|----------------|------------------|------------------|----------------|-------|
| Year | <30% of median | 31-50% of median | 51-80% of median | >80% of median | Total |
| 2008/2009 (actual) | | | | | |
| 2009/2010 (as now projected) | | | | | |
| 2010/2011 (target) | | | | | |

SECTION III BUDGET

III.A. Operating Budget

1. What is your agency's fiscal year? / / through / /
2. Does this program budget cover significant activities outside Asheville? ☐ Yes ☐ No
If YES:
 - a. Please indicate where activities will be provided:
(list all cities and/or counties this program will serve)
 - b. Please estimate the percentage of program activities provided **in** Asheville: %
3. What is your estimated total agency budget for FY2009? \$

Please complete Attachment A:

Tab Agency Budget

Tab Sources and Uses

Tab Staff Table

Tab Program Income

If you do not use our fiscal year (July 1-June 30) for your budgeting, please amend the column headings

SECTION IV AGENCY MANAGEMENT

(Consortium Member Governments do not need to complete this section)

IV.A. Organization

1. What is your organization mission statement?
2. Incorporation date (Month and Year)? / /
3. Number of staff employed (full time equivalents)

Note: If funded, your agency must submit your most recent personnel policy, purchasing policy, code of conduct, indirect cost allocation plan, and ADA policy.

IV.B. Board of Directors

1. How many board members should you have according to your by-laws?
2. How many do you actually have at this date?
3. How often does your board meet?
4. What was the actual attendance at each of the last three regular Board meetings?
 - a. Date: / / # attended
 - b. Date: / / # attended
 - c. Date: / / # attended
5. Have you failed to reach a quorum at any Board meetings in the last 12 months? ☐ Yes ☐ No
IF YES: how many times?
6. Do any of your organization's staff members serve on your board? ☐ Yes ☐ No
IF YES: What is the job title of the staff member(s) on the board?
7. What efforts do you make to ensure that your board represents the community it serves?

SECTION V

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any Board Members or employees, or members of their immediate families, or their business associates;

1. Employees of or closely related to employees of the City's Planning and Development Department?
☐ YES ☐ NO
2. Members of or closely related to Members of City Council? ☐ YES ☐ NO
3. Current beneficiaries of the program for which funds are requested? ☐ YES ☐ NO
4. Paid providers of goods or services to the program or having other financial interest in the program?
☐ YES ☐ NO
5. Creditors (i.e. persons who have made loans to the agency or provided loan collateral)?
☐ YES ☐ NO

If you have answered YES to any question, **please attach a full explanation.** The existence of a potential conflict of interest does not necessarily make your agency ineligible for funding, but the existence of an **undisclosed** conflict may result in the termination of any grant awarded.